

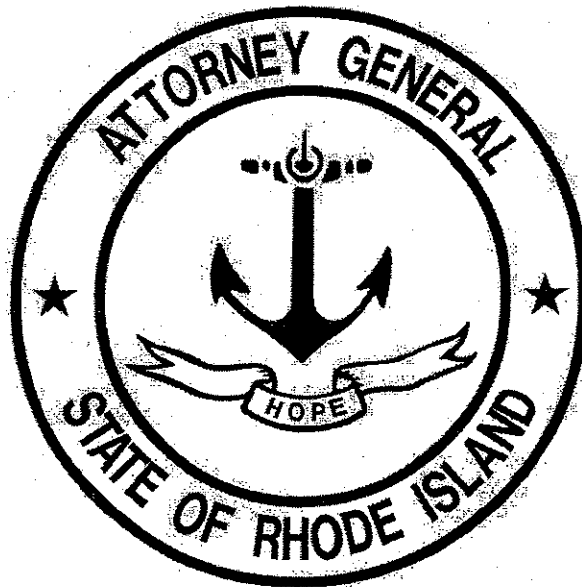
PRIVATE SECURITY GUARD
POLICY

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LAWS

*

APPLICATION



PATRICK C. LYNCH
ATTORNEY GENERAL

SECTION 1

INDIVIDUAL APPLICATION



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

150 South Main Street • Providence, RI 02903

(401) 274-4400

TDD (401) 453-0410

Patrick C. Lynch, Attorney General

APPLICATION FOR LICENSE AND REGISTRATION
AS A PRIVATE SECURITY GUARD BUSINESS

Biennial Fee: \$400.00 (Check or Money Order)

Made payable to the Attorney General

Date: _____

I being over the age of eighteen (18) years old and a citizen of the United States, hereby make an application for a license to engage in the Private Security Business.

SECTION 1
INDIVIDUAL APPLICATION

1. Name: _____

2. Date of Birth: _____

3. Present Address: _____

Phone # _____

4. Business Address: _____

Phone# _____

5. Place of Birth: _____

6. Sex _____ Height: _____ Weight: _____

7. Hair color: _____ Eye color: _____



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**SECTION 1
INDIVIDUAL APPLICATION**

8. Occupation: present and for the past five (5) years:

Employer	Address	Title
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Present:		
A:		
B:		
C:		
D:		
E:		

9. Previous Addresses in the past five (5) years:

Number & Street	City, State, & Zip Code
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Present:	
A:	
B:	
C:	
D:	
E:	

10. Are you a Citizen of the United States? YES or NO

11. If naturalized, when and where?

Court: _____

City: _____ State: _____

12. If you are not a U. S. Citizen, are you a resident alien? YES or NO



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**SECTION 1
INDIVIDUAL APPLICATION**

13. Have you ever been convicted in any jurisdiction of any crime?

- If so, provide complete details on a separate sheet of paper and attach.

YES OR NO

14. Have you ever had a private security guard business application or license or registration revoked or denied by any jurisdiction?

- If so, provide complete details on a separate sheet of paper and attach.

YES OR NO

15. Have you ever been declared incompetent by reason of mental illness or disease by any jurisdiction?

- If so, provide complete details on a separate sheet of paper and attach.

YES OR NO

16. Do you now suffer or have you ever suffered from habitual drunkenness or narcotics addiction or dependence?

- If so, provide complete details on a separate sheet of paper and attach.

YES OR NO

Date: _____

Notary Public: _____

Name printed: _____

My Commission expires: _____

Notary ID: _____